



LIABILITY RELEASE AND MEDICAL AUTHORIZATION

(Effective for 1 year following initial signing)

As parent or guardian of _____, I hereby release Towering Oaks Baptist Church, Greeneville, TN, its staff and chaperons from liability in case of accident while the above named person is in transit to, while attending, or returning from any Student Ministry event sponsored by said church. I do further agree that, other than normal care and supervision, I will not hold said church, trip or event sponsors, or leaders liable for any injuries or illnesses sustained by the above named person while under their supervision. *Should the occasion arise, and should it become necessary for my child/teenager to return from any trip or event, due to unacceptable behavior, I will meet the necessary expense.*

Date

Signature of Parent or Guardian

TO WHOM IT MAY CONCERN:

Permission is hereby given for _____ to receive emergency medical treatment at the most readily licensed medical facility with the advice of competent medical authority. I also affirm that the information concerning the medications listed on the Medical Information Form is true and correct and that my child may have said medication dispensed by the trip or event sponsors. Furthermore, while sponsors and leaders of the Student Ministry at Towering Oaks Baptist Church, Greeneville, Tennessee, may be expected to exercise reasonable care, I hereby agree not to hold them liable for any injuries or accidents incurred by any event sponsored by said church.

Date

Signature of Parent or Guardian

Name _____ Date of Birth _____

Address _____ Phone _____

City _____ State _____ Zip _____ Emergency Phone _____

School _____ Grade _____

Family Doctor _____ Phone _____

Past History: (please answer "yes" or "no") Does your child/youth have:

Heart Murmur? _____ Epilepsy or Convulsion? _____

Diabetes? _____ High Blood Pressure? _____

Date of last Tetanus Booster: _____

Allergies to Medication? _____ Foods? _____ Other? _____

Explain: _____

MEDICAL PROBLEMS: Does your child/youth have any significant medical problems? (i.e. heart problems)

Yes _____ No _____

Are there any restrictions on physical activity? Yes _____ No _____

If " yes" to either, please explain: _____

Any medications being taken at the present? _____

If yes, please list: _____

For minor pain, may your child/youth be given a Tylenol ()?

Please list any additional information which might be necessary or helpful in an emergency situation:

INSURANCE INFORMATION

Name of Hospital Insurance Company _____

Name of Insured (parent or guardian) _____

Policy No. _____ Group No. _____

Signature of Parent or Guardian

Relationship to child/youth